

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

09/88231

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51			101			
2							52			02			
3							53			03			
4							54			04			
5							55			05			
6							56			06			
7							57			07			
8							58			08			
9							59	1		09			
10							60			10			
11							61			11			
12							62			12			
13							63			13			
14							64			14			
15							65			15			
16							66			16			
17							67			17			
18							68			18			
19							69			19			
20							70			20			
21							71			21			
22							72						
23							73						
24							74						
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28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89	1					
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.	4					
TOTAL DEP.							TOTAL DEP.	117					
TOTAL CLAIMS							TOTAL CLAIMS	121					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

BEST AVAILABLE COPY